

## \_\_\_\_ State of New Jersey \_\_\_\_\_\_ Department of Environmental Protection and Energy

## Environmental Regulation Hazardous Waste Regulation Program CN 028 Trenton, NJ 08625-0028

Scott A. Weiner Commissioner

Service of the servic

Frank Coolick Administrator

Laura J. Livingston, Chief USEPA, Region II 26 Federal Plaza New York, New York 10278	1,R=N,1	MARCH 3	193
Dear Ms. Livingston:		11,0	( )
Dear Ms. Livingston:  Enclosed is a copy of a letter frequesting the following informations	rom NJN 9807723 tion changes(s):	54- H.L.s Bum	ptor.Nd SHop, INC
1. Company Name			
2. Corporate Name/Ownersh:	ip		
3. Company Contact	•		•
4. Deactivate EPA ID Number	er		
5. Notification Status to	: TSD Transporter Generator Non-Handler S.Q. Generator		
6. Generator/Company Close	ure		
en e	• • • • • • • • • • • • • • • • • • •		

Please make the indicated changes to your RCRA notifiers address file. Your attention in this matter would be greatly appreciated.

F. Sewetti De

Ferd Scaccetti,

Bureau of Manifest & Information Systems

CB:dag Enclosure

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## State of New Jersey Department of Environmental Protection and Energy **Manifest Section** CN 028, 401 East State Street

Trenton, New Jersey 08625-0028

## "Request to Deactivate EPA ID Number"

EPAID No. NJD 980772354	
Company Name: Al's Bump & Grind S	hop Inc.
Site Address: 132 W. Broad St.	Paulsboro
N.J. (street) 08066	(city / town)
(state) (zip code)	(lot) (block)
Mailing Address: 432 W. Broad Jt.	Paulsboro
(atreet / p.o. box)	
<u> </u>	08066
(state)	(zip code)
Company Contact: Lena Gillingham	609-423-2184
(name)	(area code and phone number)
Reasons for deactivating EPA ID No. (Check all appropr	iate hoves )
The EPA ID number was obtained for a one time of	leanup which is completed.
The site has completed an ECRA cleanup (indicate	ECRA Case #
Other We went to the NJX	ero gram,
	V 0
and the standard of the standa	
Is the site presently occupied? (circle yes) or no)	The second of th
Sign and date the application below, and retain the last	page (pink copy) for your records.
	rage (rame soft), for Jour costs and
Lena Gillingham Rom	(signature)
W Delana	1.1.0.1003
(title)	(date)
Submission of false information is a violation of N.J.A.C.	7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section Yellow - USEPA Region II Pink - Applicant

	<b>SEPA</b>		ION OF HAZARD			1	S: If you received	
	INSTALLA- TION'S EPA I.D. NO.					information on through it and	the space at left, the label is incorrect supply the correct te section below, I	t, draw a line information
	I. STALLATION					complete and co	orrect, leave Items you did not receive	i, II, and III
1	INSTALLA-					label, complete	all items, "Installat e hazardous waste	ion" means a
	II. MAILING ADDRESS	PLEA	SE PLACE LABEL	IN THIS SPAC	E	treated, stored	and/or disposed of	, or a trans-
I.A	LOCATION IIL OF INSTAL- LATION					to the INSTRUC CATION before information requ	e completing this uested herein is rec	NG NOTIFI- form. The quired by law
ACH	FOR OFFICIAL	USE ONLY		· · · · · · · · · · · · · · · · · · ·				
ADET	C 15 16			MMENTS			55	
	INSTALLATI	ON'S EPA I.D. NUM	BER APPROVED	(yr., mo., & day)			· · · · · · · · · · · · · · · · · · ·	
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	II. INSTALLATIO	ON MAILING AD						\$ 27
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	III. LOCATION O		ON ET OR ROUTE NUMBER					
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	6 PAULS	boRU	OR TOWN		VJ.08	O G G	læster 1615	
	IV. INSTALLAT		ND TITLE (last, first, & jo	ob title)		PHONE N	o. (area code & no.)	
	26111	NGHAM	ALIOU	NER		609-4	23-218	4
	V. OWNERSHIP				(m. 1864) - Electric	45 46 - 48 4	91 52 -	وهوا و کار پرانداده مست
¥		/	A. NAME OF INSTAL	LATION'S LEGAL	OWNER			
ETACH	8 A L 61	6 16 1 1 MG 1H	AM				95	
٧	B. TYPE OF (enter the approprie	ownership ate letter into box)	VI. TYPE OF HAZA					
	F = FEDERAL M = NON-FE	DERAL //	57 	STORE/DISPOSE	34 □ □.	UNDERGROUND	ON (complete item	VII)
			N (transporters only -		appropriate	box(es))		
	A. AIR	B. RAIL	C. HIGHWAY	D. WATER	E. OTHE	R (specify):		
			OTIFICATION		Minate			
	If this is not your fir	st notification, enter	cate whether this is your in your installation's EPA I	nstallation's first not .D. Number in the sp	erication of haz pace provided b	ardous waste activelow.	vity or a subsequent	notification.
	Λ.					C. IN	STALLATION'S E	PA I.D. NO.
	A. FIRST	NOTIFICATION	B. SUBSEQUE	NT NOTIFICATION	(complete iter	n C)		
	IX. DESCRIPTIO							
			provide the requested info	ormation.			Act	
	EPA Form 8700-12	(0-80)					CONTINUE O	N REVERSE

W PERCENTION OF	WAR BROWN	EDG /		1 2	13 14
IX. DESCRIPTION OF A. HAZARDOUS WASTE					os each listed hazardous
waste from non-specifi	c sources your installation	n handles. Use additiona	tour—aight number troi al sheets if necessary.	m 40 CFN Part 201.31 h	or each fisted field flous
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25 26	25 26	23 26	23 26	23 28	28
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23 26	23 26	23 26	29 - 26	23 26	23 - 26
HAZARDOUS WASTES	FROM SPECIFIC SOU	RCES. Enter the four-c	ligit number from 40 C	FR Part 261.32 for each	listed hazardous waste fro
specific industrial source	es your installation handl	es. Use additional sheets	it necessary.		
13	14	15	16	17	18
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	1,1 1,1	3	23 24	23 26	23 26
COMMERCIAL CHEMI	CAL PRODUCT HAZAF	RDOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.	33 for each chemical sub-
stance your installation	handles which may be a	hazardous waste. Use ad	ditional sheets if necess	ary.	
31	32	33	34	35	36
23 26	23 28	23 28	23 26	23 - 26	23 28
37	38	39	40	41	42
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			73 76	75 75	
LISTED INFECTIOUS	WASTES. Enter the four	r-digit number from 40			e from hospitals, veterina
	esearch laboratories your				
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CHARACTERISTICS O hazardous wastes your in				esponding to the charact	eristics of non-listed
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CERTIFICATION	Andreas of the same of the sam		the encountry that is		
certify under penalt attached documents, d					
believe that the subr	nitted information is	true, accurate, and c	omplete. I am aware		
nitting false informati	on, including the poss	ibility of fine and imp	risonment.		
GNATURE		NAME & OFF	ICIAL TITLE (type or	print)	DATE SIGNED
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//leas	1000	BIBER	+ Gillingha	٠	1969
PA Form 8700-12 (6-80)	REVERSE				
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22.	26 Fede	ral Place	rmation ser	vice center	
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